



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Marriage and Family Therapy Examiners

124 Halsey Street, 6th Floor, P.O. Box 45007

Newark, New Jersey 07101

(973) 504-6415

**Documentation of Experience
for General Counseling Experience Only**

Name of Applicant _____

(The requirement for general counseling experience is a minimum of one year which means at least 1,500 clock hours).

Directions: This form is to be filled out by the applicant and verified by the supervisor or director of counseling/therapy in the institution, organization, or other setting of the stated experience. A separate form must be used for each counseling setting. These are clock hours that are not broken out into client contact, supervision, etc.

☐ EXPERIENCE PRIOR TO DATE OF INITIAL APPLICATION

☐ EXPERIENCE AFTER DATE OF INITIAL APPLICATION

☐ EXPERIENCE PRIOR TO RECEIVING QUALIFYING DEGREE/CERTIFICATE

☐ EXPERIENCE AFTER RECEIVING QUALIFYING DEGREE/CERTIFICATE

1. Name and location of institution, organization or other setting

2. Inclusive dates, weeks, days, and hours:

(a) From (month/day/year)_____ To (month/day/year)_____

(b) Number of weeks _____

(c) Number of days per week _____

(d) Number of counseling hours per day _____ Total Hours

3. Description of Applicant's Position and Responsibilities

Title: _____

Type of Counseling: _____

Responsibilities:

Signature of applicant: _____

Date: _____

Signature of Supervisor/Director: _____

Date _____